

5

COMMUNICATING: EMPATHY AND AUTHENTICITY

LEARNING OBJECTIVES

1. Recognize and apply the core facilitative conditions necessary for the development of positive rapport during in-class role plays (Exercise 5.1).
2. Achieve a beginning level of skill in communicating empathy by practicing the application of empathic communication skills during in-class role plays (Exercise 5.1).
3. Compare and contrast the concepts of empathy and sympathy (Exercise 5.2).
4. Evaluate the various ways empathic communication can be useful in helping relationships (Exercises 5.1, 5.2, 5.3).
5. Analyze the impact of poor empathic and authenticity skills (Exercise 5.2).
6. Analyze handling challenges in rapport building using content-to-process shifting (Exercise 5.3).

CHAPTER OUTLINE

- Key Concepts for Discussion
 - What Is Involved in Empathic Communication?
 - What Is the Difference Between Empathy and Sympathy?
 - How Empathic Communication Is Useful
- Exercise 5.1: Developing Empathy and Rapport
- Exercise 5.2: “Of Course I Want to Help You”
- Exercise 5.3: Handling Challenges in Rapport Building: Content-to-Process Shifting
- Technology and Communication
- Exercise 5.4: Some Tech Play

This chapter addresses the first building block of skill development, which is how to communicate with clients in an authentic and empathic manner in order to develop rapport. Developing rapport involves gaining the client's trust and fostering open, effective communication, which is critical to any form of social work, whether you are working with an individual or working with a community neighborhood group. Developing rapport successfully with a client depends on certain practitioner characteristics, including a nonjudgmental attitude and accepting the client as a person with inherent worth and dignity.

KEY CONCEPTS FOR DISCUSSION

The following are some key concepts for you to discuss with your classmates and instructor prior to working on the exercises.

Core or facilitative conditions that must be present for a successful helping relationship to develop:

1. Respect, warmth, and unconditional positive regard drawn directly from employing the social work core values
2. The communication of empathy to the client
3. Presenting oneself with authenticity or genuineness, which refers to the sharing of self with another person in a natural, sincere, spontaneous, and open manner

What Is Involved in Empathic Communication?

Empathy is essentially the emotional and cognitive reactions that an individual has to the observed experiences of another (Davis, 1983). Carl Rogers (1961) defined *empathy* as “accurate understanding of the [client’s] world as seen from the inside. To sense the [client’s] private world as if it were your own, but without losing the ‘as if’ quality—this is empathy” (p. 284). Empathy, then, is the social worker’s “ability to perceive and communicate, accurately and with sensitivity, the feelings of the client and the meaning of those feelings” as the client shares and describes his or her situation and concerns (Fischer, 1973, p. 329).

Empathic communication involves the accurate perception of and the ability to clearly communicate with the client about his or her inner feelings and emotional state at the moment, with respect and without judgment. Empathy nurtures and sustains the helping relationship, creating an accepting, nonthreatening, and supportive atmosphere. Empathy is essentially the means by which the practitioner and client become emotionally significant to each other, thus fostering a reciprocal attachment and a mutual commitment to the helping process.

Sympathy, on the other hand, engenders either (1) a feeling of care or sorrow for another’s circumstances or (2) a common understanding when different people share the same interests. Although a close kin to empathy, sympathy does not require the social worker to gain an accurate understanding of the client’s perspective, nor is it reasonable to expect the social worker to share the experiences of all his or her clients.

For example, a client tells the social worker that her husband just announced that he wants a divorce. The social worker responds:

Sympathy: “Oh my gosh, I feel so bad for you. When my husband left me, I was devastated.”

Empathy: “I imagine you are feeling shocked and both sad and angry about what has just happened.”

Empathy involves the ability to communicate the following to the client:

1. Your perception and understanding of the client’s immediate surface feelings related to their situation and concerns
2. Your perception and understanding of the client’s underlying deeper feelings and emotions
3. Your perception and understanding of the client’s verbal and nonverbal communications

What Is the Difference Between Empathy and Sympathy?

Sympathy connotes “I would feel and do the same as you have in the same situation” and, thus, provides no guidance for the client.

Empathy means genuinely understanding and accurately perceiving the other person's feelings and situation without taking that person's position, thus retaining one's separateness and objectivity, but also without becoming cold or distant. Empathy also "throws out a rope" to the client and provides support.

How Empathic Communication Is Useful

1. Empathy facilitates the development of positive rapport and a supportive therapeutic alliance with the client.
2. Empathy facilitates bridging ethnic and cultural differences, by communicating the desire to understand and appreciate clients' unique views and perceptions.
3. Empathy enables the social worker to "start where the client is" and keep attuned to changes in clients' moods, feelings, and reactions.
4. Empathic communication helps in gathering assessment data therapeutically and assessing clients' strengths and problem areas more accurately.
5. Empathy enables the social worker to accurately perceive and respond to clients' nonverbal messages as conveyed by their body language, tone of voice, etc.
6. Empathy softens and makes more palatable the delivery of bad or unwelcome news to clients.
7. Empathy facilitates engaging involuntary and resistant clients.
8. Empathy facilitates developing rapport with clients we may not like. For example, the client may have engaged in behavior contrary to our personal and professional values, but separating the person from the behavior and empathizing with the person can facilitate connection without condoning the behavior.
9. Empathic communication helps in engaging, de-escalating, and working with suicidal and angry/aggressive clients.
10. Empathic communication helps in facilitating family, group, and community discussions.
11. Empathy facilitates clients' self-exploration of wants, needs, feelings, and goals.

EXERCISE 5.1: DEVELOPING EMPATHY AND RAPPORT

Directions

- In pairs or groups of three, one member of the pair plays the role of the practitioner, one plays the role of the client, and the third (if present) is an observer.
- Begin with the "client" saying the client statement and then the "practitioner" responding to the statement. The observer will note what the practitioner does well and generate ideas for alternative ways to connect empathically to the client.
- Keep role playing back and forth, with the goal of utilizing empathic communication to establish rapport. Switch roles of client, practitioner, and observer so all have the experience of each role.
- Each group will be assigned one client statement and answer the questions posed below in relation to that statement.
- After a half hour of practice, the class will reconvene and each group will role play its client statement, including a few responses of dialogue, for constructive feedback.

Note to Instructor: There are more scenarios than the class can do in a half hour. Please choose those that best fit the needs of your students. In the large group discussion, explore how diversity in gender, race, socioeconomic status, sexual orientation, and faith might impact the establishment of rapport and the social justice issues that impact the circumstances.

Questions

Questions to consider as you role play and when choosing what to show to the class for your assigned client statement:

For the Client and the Observer

1. Do you feel your partner has responded empathically?
2. Has your partner accurately reflected the types of feelings and level of intensity of feeling that you implied in your side of the dialogue?
3. Did your partner's responses encourage you to share further?
4. Did your partner respond well in terms of nonverbal messages (e.g., tone of voice, eye contact, gestures)?

For All Roles

1. What are the apparent surface feelings? What are the probable deeper feelings?
2. How could your partner have responded better to your initial statement and other parts of the dialogue?
3. What level of empathy is being displayed?
4. Do the person's features of diversity impact how you respond? Do your features of diversity impact your response?

Client Statement 1

Young Hispanic man, age 21, on probation for motor vehicle theft and reckless driving. His probation officer has sent him for counseling because the probation officer is concerned about the client's inability to control his temper:

"Look, man, I don't need no social worker. I've got to find me a job and a place to crash—the courts have messed me over enough already. I don't have nothing to talk about."

Client Statement 2

South Asian American man, age 36, practitioner of Hinduism and a new member of an alcohol rehabilitation group:

"Hey, you know, I don't know why I'm here really. I used to drink, but I don't anymore and things are going real great. You people look like you've got problems though—well, maybe I can help you—you, know, give you advice and stuff." (Client continues to talk in this manner for a while longer; speech is a bit loud and pressured, hands clasped together tightly; client sits forward rigidly in his chair.)

Client Statement 3

Chinese American man, age 87, who has recently been diagnosed with cancer and is the primary caregiver for his 83-year-old wife, who has Alzheimer's disease:

"I came today because Dr. Smith said that I need to come. I really don't understand why or what you can possibly do for me. My days are very busy, and I don't like to leave my wife alone, even in the waiting area. She needs me at all times. In fact, some of the doctor's ideas for treatment are not going to work for me at all."

Client Statement 4

Caucasian man, age 40, referred for anger management classes by his parole officer. He is on parole after serving 20 years in prison for the brutal rape of his 7-year-old stepdaughter. He glares at the social worker, and the social worker feels revulsion:

"Look, b**ch, you and my PO [parole officer] can just go to hell. I served my time and I'm done with this sh*t. And I'm supposed to register as a sex offender? Forget it—I'm out of here."

Client Statement 5

Hispanic woman, age 24, at the community mental health center outpatient clinic for the first time for “nerve problems.” She talks in a very soft, barely audible voice, eyes downcast, hands clenched in her lap: “I don’t know why I’m here. I don’t know what you can do for me. I feel awful; I can’t think anymore. Sometimes I hear things—*mi mama* says I’m *volviendo loca*—you know, that I’m crazy. . . . I think I just have bad nerves, not *loca*.”

Client Statement 6

Middle class African American woman, age 70, talking to social worker at senior citizen center: “Dear, I know you mean well, but I just can’t seem to get interested in the activities here. Ever since Chris died—you know, my late partner Chris—I just don’t have any energy anymore. I don’t think there’s anything here for me. Besides, I don’t drive, and it is hard for me to take the bus all the way over here.”

Client Statement 7

Caucasian woman, age 35, mother of five children aged 7 to 18 years old. As she talks, she is teary eyed and wrings her hands: “I just can’t handle my kids anymore. My 15-year-old son, Brent, is the worst. He back talks me, stays out at night, and sleeps all day. Couldn’t you have somebody come out and talk to him? I just can’t do anything right. I need help—my nerves are shot.”

Client Statement 8

Caucasian person, age 17, with dropping grades and who seems increasingly unhappy at school. Ze may also be exploring zir sexuality: as you have heard student rumors of zir dating people of both genders, “Look, I know you want to help me with my grades and stuff, but really I don’t know how you and my parents can expect me to learn in this school. Everyone is so lame and closed minded. The kids say such stupid things all the time, and everyone is running around pretending to be some ‘big’ thing. It is not like anyone can be real here or that you or my parents can even get this.”

Client Statement 9 (Mezzo Example)

A child welfare social worker is meeting with a group of police officers about how to improve agency-police working relationships. After the social worker introduces himself, a police officer says, “I’ve got to be honest here. I’m sick and tired of spending most of my time on social work—type calls—domestic violence, abused kids—my job is to deal with crime. The kind of calls that should go to you all take up too much of an officer’s time.”

Client Statement 10 (Macro Example)

A group of neighbors (some white, some African American) are meeting with the social worker at the small community center in their poverty-stricken neighborhood at the request of the Neighborhood Watch program: “I know you mean well, but you’re driving a nice car, you’re educated, and you’ve probably had a real good life. I don’t see how you can understand where we’re coming from or why you’d really care. We’ve had social workers come in before to help us, and they don’t do much; they leave, and we’re back where we were before.”

EXERCISE 5.2: “OF COURSE I WANT TO HELP YOU”

Listening and responding empathically are two important skills a social worker must learn in order to establish therapeutic relationships. Clients can communicate powerful emotional content that can leave an inexperienced social worker searching for the appropriate way to respond. It is equally as important for social workers to show authenticity or genuineness throughout communication with a client. The ability to respond in a natural, open, and caring manner is crucial to the growth of the therapeutic relationship and the growth of the client.

Directions

- This case scenario can be demonstrated in front of the entire class, with one student playing the role of the social worker and the other the client.
- Each student in the class should answer the following questions and be prepared to engage in the class discussion about this case scenario.

Questions

1. Is the social worker more sympathetic or empathetic in his or her responses?
2. What are the differences between the two concepts?
3. Is a therapeutic relationship being established? If so, why? If not, why not?
4. Do you think the social worker is empathic/authentic in response to the client's situation?
5. What are the missed empathy/authenticity cues?
6. What might you do differently?

Case Scenario

Charles is a 26-year-old Caucasian single male. He has a history of depression and drug abuse. He has only had one hospitalization due to suicidal ideation that occurred after a night of heavy drug use. He has limited family support and often moves back and forth between his parents' home and friends' apartments for shelter. He is on medication for depression, and he attends NA meetings regularly. He is a bright young man with aspirations to be an auto mechanic. He has been unable to complete his education due to depressive episodes and drug abuse. This is Charles's second meeting with the social worker.

Social Worker: Hello, Charles. It's good to see you again. Glad you're able to make it. Take a seat.

Charles: Thanks, I am feeling a lot better and ready to give the auto mechanic training program a try once again; I can't wait to get started. I really am ready this time.

Social Worker: Are you sure you're ready and can you afford it? It's my understanding that a job was your top priority.

Charles: I haven't felt this good in months, my motivation is high, and I am determined to stay out of trouble and away from negative influences. Yes, a job is important, and I will find something part-time. I can do two things at once, you know.

Social Worker: That's what my son said a couple of months ago when he tried taking on too much. Well, we shall see. Where are you staying now? Are you with your parents or with your friends?

Charles: Right now, I'm with my parents. I feel bad depending on them. You know, it's hard for them. I can see the sadness in their eyes. I know I am a failure. I should have achieved so much more at this point in my life.

Social Worker: Well, at least you have a place to stay. We don't have many homeless shelters in this city, so count your blessings. Oh, and you should be thankful that your parents are still around.

Charles: I love my parents. Do you think I want to be a burden to them?

Social Worker: That's encouraging to hear. They have gone through a lot lately. Other than your desire to continue the auto mechanic program again, what else is on your mind? I have worked with many young men just like you, struggling trying to find their way.

Charles: Well, I am unique with my own set of problems, and everyone is different, right?

- Social Worker:** Of course, but with my experience, I should be able to help you move on with your life in a positive and productive manner.
- Charles:** I really don't want to rush things. It's important that I take advantage of all you have to offer. I have been in so much pain over the past two years and have disappointed not only myself but friends and family.
- Social Worker:** No one escapes pain in this world, Charles. The question is what do you do with your pain? Do you let it keep you out of the game of life or do you confront it head on? Only you can decide. Did you watch the game last night?
- Charles:** What does basketball have to do with what we're talking about? Are you sure you want to help me?
- Social Worker:** Of course, I want to help you, Charles. I was about to use a basketball analogy but changed my mind. You seem to be a little upset. Feel free to share your feelings; after all, that's why I am here.
- Charles:** Hey, the more I think about it, I don't have much more to say today, maybe at the next appointment. I need to leave now.
- Social Worker:** Ok, Charles, I am sorry you have to leave so soon; let's make an appointment two weeks from today.
- Charles:** I will try to make it, but it all depends on what I am doing.

EXERCISE 5.3: HANDLING CHALLENGES IN RAPPORT BUILDING: CONTENT-TO-PROCESS SHIFTING

Sometimes, despite very good effort by the social worker, it is difficult to establish rapport or for the client to recognize and respond to empathic communication. A variety of factors can contribute to this reality. When this occurs, the interaction can become very frustrating for the social worker and the client alike. It may have to do with the social worker, the client, or the two together in that moment. This will present itself in many ways. It may seem as if the conversation is going nowhere, as if the client is not connecting to the social worker, or the social worker is misreading (failing to accurately "tune into") the client's feelings. The social worker may notice feelings that suggest discomfort, "stuckness," frustration, or even anger toward the client when his or her effort is unsuccessful. Rather than persisting with the interaction, shifting away from the topic (content) of the conversation to the way the conversation is happening (process) is often a way to address the moment and reconnect in an authentic way. For example, the social worker might say something like,

Michael, I am noticing that we aren't connecting well today. It seems as if I do not really understand what you are trying to tell me and that you and I are both feeling frustrated as a result. Can we talk about that instead of how to solve the challenges with your teacher at school?

Notice that you still have an empathic statement (connecting the poor quality of the interaction to the here-and-now dynamic) in this switch to process and a self-involving response (admitting your own frustration), which is very authentic. Talking about how the talking is not going well often, but not always, leads you back to the topic in a more productive and connected manner.

Directions

- In pairs or groups of three, one member plays the social worker, one plays the client, and the third (if present) is an observer.
- Begin with the "client" and "social worker" reading the scripted statements in the case scenarios. At the end of the script, the social worker will make a content-to-process shift.

- The pair should then talk about their experience when they were not connecting well. The social worker will try to establish rapport utilizing empathic statements while discussing process.
- The observer will note what the practitioner does well and generate ideas for alternative ways to connect to the client.
- Group members should switch roles for each case scenario, playing each role at least once.
- After practice, the class will reconvene and discuss the experience.

Note to Instructor: Each case scenario has a slightly different factor contributing to the lack of connection. There is an opportunity to discuss how a physical condition can interfere in Case Scenario 1, how unresolved trauma impacts Case Scenario 2 and intersects with social worker burden, and how past bad service can interfere in Case Scenario 3.

Case Scenario 1

A social worker in a medical setting is meeting with Karen, 36 and recently diagnosed with stage 2 breast cancer. The meeting immediately follows her chemotherapy appointment that day and focuses on how to save money on transportation. She has had to stop working, and finances are tight.

Social Worker: Hi, Karen; it's good to see you. Thanks for stopping by to talk about transportation options today. How's the chemo going?

Karen: Yeah, it is good to see you, too. The chemo is fine, I guess. So, do you have an answer on the transportation stuff?

Social Worker: Well, yes and no. It turns out there are no easy options, but I think there may be four or five different ways to access some less difficult options. Let me explain them.

[Imagine social worker is talking for about 10 minutes, trying to check in with Karen so as to cover all the options. Karen's attention is fading. Karen is minimally responsive and not really focusing.]

Karen: So, is this going to take much longer? I really need to leave.

Social Worker: Karen, I thought this was important to you. These are choices you are going to have to make, and you cannot make them without this information. You don't seem as interested today.

Karen: It is important to me. I just need to go.

Case Scenario 2

A social worker at community social service agency is meeting with Steve, a 62-year-old U.S. Army veteran, who lost his housing due to a recent fire. Steve has struggled with trust and relationships since leaving the service and may have untreated post-traumatic stress disorder (PTSD). The social worker is overwhelmed with all the families impacted by this fire.

Steve and the social worker have been talking for about 20 minutes. For the last 10 minutes, they have been discussing housing options. This conversation picks up midway through. Steve has been responding in vague and noncommittal ways.

Social Worker: With the Red Cross funding, you will have about a week in the hotel, so you may want to jump on these veteran options right away.

Steve: I suppose that's a good idea (not making eye contact).

Social Worker: If this isn't what you want to do, you don't have to do it.

Steve: Yeah, I know (a shudder in his body).

Social Worker: I am just trying to get everyone some options. I can't do it without your input.

Steve: Okay, I get that.

Case Scenario 3

A social worker at an LGBT community center meets with Gregory Jones, a 20-year-old gay man who is homeless and without reliable income. Gregory has sought help before from other agencies, and it has not gone well.

Social Worker: Hi, Mr. Jones, it is nice to meet you. What would you like me to call you?

Gregory: You can call me Gregory, I guess.

Social Worker: Okay, Gregory, I got a little bit of information from the person who did your intake. She shared that you are 20 years old, living on your own, and currently without any income or work. Is that accurate?

Gregory: Yes, it is.

Social Worker: Okay. While that is a lot of information, it doesn't tell me all about you as a person. Can we spend some time getting to know each other better?

Gregory: Sure. Why not?

Social Worker: Would you like to tell me about you first, or vice versa?

Gregory: Tell me something about you.

Social Worker: I am a licensed social worker in this state. I have been practicing for about eight years at this agency. I work with people who need to find jobs or places to live regularly; probably about 50% of my clients have a job or a housing issue. With some of the other people who work here, we are often successful in helping people. That's me professionally. What else would you want to know?

Gregory: Do you get it?

Social Worker: Do I get what?

Gregory: Never mind. Most places don't get it.

Social Worker: Are you sure? I am happy to answer anything.

Gregory: Yeah.

Social Worker: So, tell me something about yourself?

Gregory: I'm from the country, just north of the city. I moved away when I was a teen. I can basically take care of myself, but my friend Gina insisted I come here. I could use a job and a place to live.

Social Worker: Okay, do you have any hobbies or interests?

Gregory: Not really.

TECHNOLOGY AND COMMUNICATION

Increasingly, clients and settings want to use means other than face-to-face meetings to communicate. The rationale and justifications for increased use of technology include distance, professional expertise, convenience, and/or costs. Technology, like phones, has been a part of social work practice for many years. Technologies may make social work services more readily available, but they may also make certain information more difficult to ascertain. Without the visual clues of a face-to-face interaction, the practitioner must rely on tone of voice and other

TABLE 5.1 ■ Technologies Useful in Social Work

Technology	Description	Possible Purposes
Telephone (audio)	Discussion without visual images/voice only	To get information, build rapport, provide therapy
Video	Discussion at distance with visual images via a phone or computer application	To get information; build rapport; provide therapy, coaching, or other services
E-mail/Text	Written communications	To communicate information, convey details, follow up, remind, reinforce
Smartphone apps	Behavior logs, mood logs, journals, dysfunctional thought records, geolocation for triggers, etc.	To collect baseline data or progress data, to provide with feedback, to cue skills use, to give feedback
Biofeedback devices	Heart, sleep, step, exercise monitors	Collect information about client biological functioning
Laptop computers/tablets	Computer tools that may include some of the above technologies or be used to collect and transmit information	To create client records in real time, to allow clients to access online resources or send feedback

cues to a greater degree. It may also be more difficult to convey empathy effectively in written formats. There are also applications and software that may be used as a part of the helping process. Multiple technologies are now quite portable and all on a single device, the smartphone. Table 5.1 lists some technologies to consider.

When using technology, social workers must also consider ethics and the ethical implications of using the particular technology (NASW et al., 2017). How do we use these technologies in a manner that is consistent with HIPAA and other standards for privacy and confidentiality? How do we assure that e-mail or text communications are secure and not compromised? How do we stay up to date with a rapidly changing field of technology and security? In most cases, social workers or the agencies that employ them will need to collaborate with tech professionals. Social workers must ask these questions, but the ability to answer them is often outside our scope of practice.

Evidence is limited on the impact of the presence of these technologies in face-to-face interactions. It is also emerging for how to communicate using text and e-mail. The next exercise asks you to consider communicating about, with, or through technology.

EXERCISE 5.4: SOME TECH PLAY

Directions

- In pairs or groups of three, one person plays the social worker, one plays the client, and the third (if present) serves as an observer.
- Consider how technology affects the interaction in each of the case vignettes below.

Case Vignette 1

Gilbert Trees experiences anxiety disorder and has a history of delusions and some paranoia that he is not liked by others. The social worker is a service coordinator for the local mental health provider. This is the first meeting with him, and the social worker is supposed to enter data into the agency's system using a tablet with air card technology during the intake. Role play how you would introduce the use of the tablet with this client. (Students may pull out a laptop to do this role play.)

Case Vignette 2

Kathryn Closter lives in a remote part of the state (more than 60 miles from the nearest provider) and has lost her license due to driving while intoxicated. Part of her court order is to get therapy.

She is reluctant to get help and does not think she has a problem. The social worker is connecting with her for the first time on the phone. The social worker's agency has a protocol that allows for the possibility of video therapy services. However, before that can begin, some type of face-to-face full assessment must take place to rule out suicidality and ensure the appropriateness of remote services. Role play a telephone call to engage the client, placing your chairs back to back to eliminate the use of visual cues.

Case Vignette 3

Tanzi Walise's father was diagnosed with ALS about three months ago, and the family's whole life seems to be turned upside down. Tanzi posts the following in an online ALS discussion forum:

My dad has Lou's disease, and it seems like my whole family has turned upside down. My mom is sad but pretending to be happy. My sister doesn't come home much anymore, and my dad is trying not to lose his job. What am I supposed to do?

The social worker is the moderator for this forum today and responds to Tanzi's post. For this exercise, write responses to one another on a piece of paper. Keep in mind that other people could type in this forum, too.

Do not copy, post, or distribute